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Philip R. Quinn, Esq.
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1901-C South Ventura Avenue
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RE: Cris Christenson v. Freeman Health System, et al.
United States District Court, Western District of Missouri
Case No. 3:2014cv05077

Dear Mr. Quinn:

At your request I reviewed the sources of information listed below in order to form an opinion whether the evaluation and treatment of Cris Christenson at Freeman Health System June 5-7, 2012 complied with the requisite standard of care.

Sources of Information:

1. Freeman Hospital and Health System records dated 6/5/12 to 6/7/12.
2. Vernon's Annotated Missouri Statutes 632.300, 305, 310.

Qualifications of the Examiner:

Please find enclosed my resume, which states my qualifications to conduct this examination. I have also enclosed a list of cases in which I have testified as an expert in psychiatry. I am being compensated in the amount of \$275/hour for conducting this evaluation.

Record Summary:

On 6/5/12 Cris Christenson was a 42-year-old man who was involuntarily brought to the Emergency Department of the Freeman Health System by officers of the Joplin Police Department. Officers had been told by Mr. Christenson's estranged wife that Mr. Christenson was alcoholic and had been consuming alcohol and pills in his hotel room in a suicide attempt.

No alcohol was found. Mr. Christenson reportedly resisted arrest, and was involuntarily brought to the Emergency Department where an officer completed an Application for 96 Hour Imminent Harm Admission form.

Mr. Christenson was in the Emergency Department from 23:53 hours on 6/5/12 until 08:10 hours on 6/6/12:

- Theresa McBride, D.O. was the emergency medicine attending physician on duty in the Emergency Department.
- The decision to admit Mr. Christenson to inpatient status was made on 6/6/12 at 00:08 hours, only 17 minutes after Mr. Christenson's arrival to the hospital.
- The medical record indicates that Dr. McBride began to see Mr. Christenson at 00:07 hours on 6/6/12 and made the decision to admit Mr. Christenson at 00:08 hours (one minute later).
- Dr. McBride wrote that Mr. Christenson denied any problems, and that (per police) he had allegedly made statements to his estranged wife regarding self-harm. Dr. McBride noted that Mr. Christenson denied those allegations to her, stated he had not made any statements, and would not cooperate. No signs or symptoms of a mental disorder were documented.
- Mr. Christenson was noted to be angry while in the Emergency Department, was reading his rights and insisted to see a licensed physician.
- Dr. McBride's Clinical Impression was "Patient on 96-hour hold for alleged suicidal ideation. 96 hour psych admit to Stephens."

James Pletcher, D.O. was Mr. Christenson's attending psychiatrist in the mental health unit on June 6-7, 2012. Dr. Pletcher personally evaluated Mr. Christenson on 6/6/12. Mr. Christenson denied depression, mood swings, manic symptoms, psychotic symptoms or a past history of psychiatric hospitalizations. Mr. Christenson related to Dr. Pletcher that he was in a dispute with his estranged wife and that his wife had lied about him. Dr. Pletcher diagnosed Mr. Christenson as having "Bipolar I Disorder, Mixed" and prescribed psychotropic medications for Mr. Christenson. Notes by other mental health and medical professionals, both before and after Dr. Pletcher's interview of Mr. Christenson on 6/6/12, indicated that Mr. Christenson did not report or display symptoms of a mental disorder or that he was a danger to himself.

Mr. Christenson was discharged from the Freeman Health System mental health unit at 12:15 hours on 6/7/12. His principle diagnosis was listed as Bipolar I Disorder, Most Recent Episode (or current) Manic, Unspecified.

Opinions:

It is my opinion with reasonable medical certainty that Theresa McBride, D.O. fell below accepted standards of care in her evaluation and treatment of Mr. Christenson. This is evidenced by the following:

1. Dr. McBride failed to reasonably evaluate Mr. Christenson while he was in the Emergency Department on June 5 and June 6, 2012. Dr. McBride's failure to conduct a reasonable evaluation on her patient, Mr. Christenson, was negligent and fell below the standard of care.
2. Dr. McBride permitted Mr. Christenson to be admitted to the hospital and transferred to the mental health unit without conducting a reasonable evaluation of Mr. Christenson. Admitting a patient to the hospital, and to the mental health unit, without conducting a reasonable evaluation, was negligent and fell below the standard of care.
3. Dr. McBride arranged for Mr. Christenson to be involuntarily admitted to the mental health unit despite not having first-hand evidence that Mr. Christenson was mentally ill and a danger to himself. Relying upon disputed third-hand information to involuntarily admit Mr. Christenson (from Mr. Christenson's estranged wife and communicated by police officers) in the face of Mr. Christenson's denial of suicidal ideation/attempt/intent and the absence of objective signs of mental illness was negligent and below the standard of care.
4. Admitting Mr. Christenson to the hospital and mental health without conducting a reasonable evaluation in the Emergency Department constitutes gross negligence, conscious indifference to her professional duty and bad faith.

It is my opinion with reasonable medical certainty that psychiatrist James Pletcher, D.O. fell below accepted standards of care in his evaluation and treatment of Mr. Christenson. This is evidenced by the following:

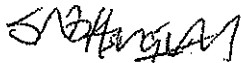
1. Dr. Pletcher negligently diagnosed Mr. Christenson as having Bipolar I Disorder, Mixed Type, without sufficient basis for that diagnosis. The history that Dr. Pletcher obtained from Mr. Christenson and his medical records, and Dr. Pletcher's observations of Mr. Christenson, did not support a diagnosis of Bipolar I Disorder, Mixed Type.
2. Dr. Pletcher negligently prescribed psychotropic medication (Trileptal) for Mr. Christenson on 6/6/12. Trileptal is a mood stabilizer used to treat Bipolar Disorder. Since the diagnosis of Bipolar Disorder was made in error, the subsequent prescription for Trileptal was also in error.
3. Dr. Pletcher failed to advise Mr. Christenson of the risks/benefits of Trileptal, and therefore failed to obtain Mr. Christenson's informed consent for treatment with Trileptal.
4. Dr. Pletcher erroneously retained Mr. Christenson in the mental health unit of Freeman Health System after his evaluation of Mr. Christenson on 6/6/12. The medical record clearly establishes by 6/6/12 that Mr. Christenson was not dangerous to himself, not mentally ill, and that hospitalization was not the least restrictive treatment setting for Mr. Christenson. Therefore Dr. Pletcher was obliged to discharge Mr. Christenson from Freeman Health System on 6/6/12, and his failure to do so was negligent.

It has been represented to me that nurse Dearina Marquis demanded that Mr. Christenson take psychotropic medications while on the mental health unit at Freeman Health System; that if Mr. Christenson failed to take his medications he would be forced to take them; and that failure to take his medications would lengthen his involuntarily commitment. If the finder of fact

concludes that these representations are accurate, then it is my opinion with reasonable medical certainty that these actions by Ms. Marquis were below the standard of care and constitute coercion.

I understand that discovery in this matter is ongoing. Please consider this a preliminary report and I reserve the right to amend or supplement my opinions as discovery unfolds.

Best wishes,



Stephen Noffsinger, M.D.

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